STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012940	A. BUILDING: _____ B. WING _____	C 01/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF CROWN POINT	140 E 107TH AVENUE CROWN POINT, IN 46307

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00162254. Complaint IN00162254-Unsubstantiated due to lack of evidence. Survey Date: January 13, 2015 Facility number: 012940 Provider number: 012940 AIM number: N/A Survey team: Regina Sanders, RN, TC Census bed type: Residential: 29 Total: 29 Census payor type: Other: 29 Total: 29 Bickford of Crown Point was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00162254. Quality review completed on January 14, 2015, by Janelyn Kulik, RN.	R 000		